



Petersburg City Public Schools

School _____

School Year _____

Grade _____

Teacher _____

Student Health History Form

This form must be completed, signed, and returned to the School Nurse within 10 days

Student's Name _____ Date of Birth _____ Gender _____

Address: _____

Mother's Name _____ Current Phone # _____

Email Address _____ Cell Phone _____

Work Phone # _____ Alternative Phone # _____

Father's Name _____ Current Phone # _____

Email Address _____ Cell Phone _____

Work Phone # _____ Alternative Phone # _____

This child is in the custody of: Mother Father Both Other (Please List) _____

Sibling(s) at Petersburg City Public Schools _____

Emergency Contacts

(Must be able to pick child up from School)

- 1. _____
Relationship _____ Phone# _____
- 2. _____
Relationship _____ Phone# _____
- 3. _____
Relationship _____ Phone# _____

Physician' Name _____ Physician's Phone Number _____

HEALTH PROBLEMS

Please check appropriate box and describe below

- Allergies (describe below)
- Food; Benadryl/ Epi-pen
- Bee Stings: Benadryl/ Epi-pen
- Asthma: Inhaler / Nebulizer
- Arthritis
- Bleeding Disorder/Hemophilia
- Cancer
- Catheterization
- Cerebral Palsy
- Colostomy
- Cystic Fibrosis
- Diabetes
- Ear Problem/Hearing
- Eating Disorders
- Emotional Disorders
- Feeding Tube/G-Tube
- Headaches
- Heart Condition
- Blood Pressure Disorder
- Thyroid Condition
- Hyperventilates
- Menstrual Disorders
- Scoliosis
- Seizures/Convulsions
- Sickle-Cell Anemia
- Spina Bifida
- Stomach Spasms/Ulcers
- Tracheostomy
- Vision: Glasses/Contacts
- Other

Please explain any health problems marked above. _____

Student Health History Form (continued)

This form must be completed, signed, and returned to the School Nurse within 10 days

ALLERGIES

List known allergies to food, environment, medication or other. Describe reaction and treatment.

MEDICATIONS

All medication that may need to be administered during the school day must be provided to the school nurse by the parent. Written parental permission and doctor's order as needed is required before medication will be administered at school.

Is your child taking any medications? No Yes

If yes, please describe below.

Please identify all prescription and non-prescription medication, and the condition requiring them:

IMPORTANT!!!

1. **All prescribed and over-the-counter medications must be provided to the nurse by parent.**
2. **Written permission is required before medication may be administered.**
3. **Parents/Guardians must provide all medication and treatment supplies.**
4. **Students must have all required vaccinations.**
 - a. **The up-to-date immunization record must be given to the school nurse.**
5. **The school nurse must be informed of any medical issues your child is experiencing.**
6. **Keep your child at home if he/she has:**
 - a. **An oral temperature 100 degrees F or greater**
 - b. **Vomiting**
 - c. **Diarrhea**
 - d. **Rash with fever**
 - e. **Appear severely ill**
7. **Call the school if your child is sick.**

Insurance Information

Does your child have health insurance? Yes No

If yes, please check appropriate box that identifies your type of insurance:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Private/Employer sponsored | <input type="checkbox"/> VA Premier | <input type="checkbox"/> Famis |
| <input type="checkbox"/> FAMIS PLUS | <input type="checkbox"/> Sentara | <input type="checkbox"/> CareNet |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Anthem HealthKeepers PLUS | <input type="checkbox"/> Other _____ |

If your child does not have health insurance, would you like to learn more about free or low cost health insurance? Yes No

PLEASE CHECK BOXES AND SIGN BELOW:

- I certify that the information provided on this form is correct to the best of my knowledge.
- I give permission for the school to share the information on this form with my child's teacher.
- I give permission for the school nurse to contact my child's physician when necessary.

Date _____

Parent/Guardian Signature